/5/66/,019
Application or Docket Number
71-35765(32)50

## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

|   |              | CLAIMS AS                                     | (Column 1)   |                               | (Column 2)                   |                  |          | SMALL EN            | ITIIY<br>□             | OR | OTHER<br>SMALL      |                        |
|---|--------------|---|--------------|-------------------------------|------------------------------|------------------|----------|---------------------|------------------------|----|---------------------|------------------------|
| TOTAL CLAIMS  |              |   | 20           |                               | 7.5                          |                  |          | RATE                | FEE                    |    | RATE                | FEE                    |
| FOR   |              |   | NUMBER FILED |                               | NUMBER EXTRA                 |                  |          | BASIC FEE           | 375.00                 | OR | BASIC FEE           | 750.00                 |
| то  | TAL CHARGEA  | BLE CLAIMS                                    | ري minus 20= |                               | • 😙                          |                  |          | X\$ 9=              | -                      | OR | X\$18=              | _                      |
| INDEPENDENT CLAIMS  |              |   | 5 minus 3 =  |                               | 2                            |                  |          | X42=                |                        | OR | X84=                | 160                    |
| MU  | LTIPLE DEPEN | DENT CLAIM PI                                 | RESENT       |                               |                              |                  |          | +140=               |                        | OR | +280=               | _                      |
| * If the difference in column 1 is less than zero, enter *(   |              |   |              |                               |                              | olumn 2          |          | TOTAL               |                        | OR | TOTAL               | 918                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |              |   |              |                               |                              |                  | <u> </u> | SMALL               | NTITY                  | OR | OTHER<br>SMALL      | THAN                   |
| AMENDMENT A   |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total        | . 20  | Minus        | **                            | 20                           | -                |          | X\$ 9=              |                        | OR | X\$18=              |                        |
|   | Independent  | · 5   | Minus        | ***                           | 5                            | -                |          | X42=                |                        | OR | X84=                |                        |
| L   | FIRST PRESE  | IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |              |                               |                              |                  |          |                     | -                      | OR | +280=               |                        |
|   |              |   |              |                               |                              |                  |          | TOTAL               |                        | OR | TOTAL<br>ADDIT, FEE |                        |
|   |              |   | ADDIT, FEE   |                               |                              | ADDII. FEE       |          |                     |                        |    |                     |                        |
| AMENDMENT B   |              | (Column 1) CLAIMS REMAINING AFTER AMENDMENT   |              | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total        | *   | Minus        | **                            |                              | =                |          | X\$ 9=              |                        | OR | X\$18=              |                        |
|   | Independent  | *   | Minus        | ***                           | T CL AIM                     | ]=               | -        | X42=                |                        | OR | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |              |   |              |                               |                              |                  |          | +140=               |                        | OR | +280=               |                        |
|   |              |   |              |                               |                              |                  |          | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |
|   |              | (Column 1)                                    |              |                               | mn 2)                        | (Column 3)       | 1        |                     |                        |    |                     |                        |
| AMENDMENT C   |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     |              | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total        | *   | Minus        | **                            |                              | -                |          | X\$ 9=              |                        | OR | X\$18=              |                        |
|   | Independent  | *   | Minus        | ***                           |                              | -                |          | X42=                |                        | OR | X84=                |                        |
| L   | <u> </u>     | NTATION OF M                                  |              |                               |                              |                  | L        | +140=               |                        | OR | +280=               |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE ADDIT. FEE ADDIT. FEE Thighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |              |   |              |                               |                              |                  |          |                     |                        |    |                     |                        |

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